



DAIRY FARM APPLICATION FOR PERMIT TO SELL RAW MILK FOR PASTEURIZATION

State Form 38018 (R / 4-08)
BOARD OF ANIMAL HEALTH

**BOARD OF ANIMAL HEALTH
DAIRY DIVISION**
805 Beachway Drive, Suite 50
Indianapolis, Indiana 46224-7785
Telephone: (317) 227-0350
Fax: (317) 227-0330

FOR OFFICE / INSPECTOR USE ONLY

Permit number F ____ - ____ - ____ - 18	BTU number	Route number
Receiving plant or association		Patron number
Premise identification	Latitude	Longitude

Grade of milk (<i>check one</i>) <input type="checkbox"/> Grade A <input type="checkbox"/> Manufactured Grade		Check one: <input type="checkbox"/> Cans <input type="checkbox"/> Bulk Tank <input type="checkbox"/> Direct Load <input type="checkbox"/> Silos	
<input type="checkbox"/> Name change (<i>must be same family to qualify as a name change</i>)		Relationship	
<input type="checkbox"/> New farm	Have blueprints been submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date blueprints were submitted (<i>month, day, year</i>)	If no, attach blueprints to this application.
<input type="checkbox"/> New operator approval on existing farm (<i>requires approval inspection</i>)			
<input type="checkbox"/> Change farm contact information for LLC, Inc., etc. (<i>farm name remains the same</i>)			

APPLICANT INFORMATION

Name of applicant		Telephone number ()	County / township
Name of farm (<i>if different from name of applicant</i>)			
Address of farm (<i>number and street, city, state, and ZIP code</i>)			
Mailing address (<i>if different from address of farm</i>) (<i>number and street, city, state, and ZIP code</i>)			
Responsible party contact information (<i>if different from applicant</i>)			Telephone number ()
Mailing address of responsible party (<i>number and street, city, state, and ZIP code</i>)			
Directions to farm from nearest town (<i>include road numbers</i>)			

Present milk market, if any			Grade of milk sold (<i>check one</i>) <input type="checkbox"/> Grade A <input type="checkbox"/> Manufactured Grade
Has this farm held a dairy farm permit at any time? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, under what name?		Indiana permit number

I hereby request an inspection of my dairy facility by a representative of the Indiana State Board of Animal Health. To the best of my knowledge and understanding, it is in compliance with all requirements of the State of Indiana for the production and sale of raw milk for pasteurization. I further understand that I shall be expected to remain in compliance with these requirements. Permission is hereby granted to authorized personnel to enter upon these premises at all reasonable times for the purpose of inspecting this dairy facility for the issuance of a permit and to determine continued compliance with requirements applicable to such permit.

Signature of applicant	Date (<i>month, day, year</i>)
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